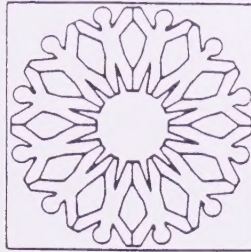


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SOCIAL

SOCIAL SERVICES AGENCY

County of Alameda
401 Broadway
Oakland, California 94607
(415) 268- 2100
TDD (415) 834-9434



SERVICES

February 8, 1991

✓ 5/1/91
AGENDA February 26, 1991

Department on Aging
Department of Economic Benefits
Department of Human Services
Public Guardian/Conservator

HELEN KNUDSON, DIRECTOR

Honorable Board of Supervisors
Administration Building
Oakland, CA 94612

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INSTITUTE OF GOVERNMENTAL
STUDIES LIBRARY

APR 10 1991

UNIVERSITY OF CALIFORNIA

Dear Board Members:

SUBJECT: GENERAL ASSISTANCE PROGRAM

RECOMMENDATION:

In order to finalize the implementation of the five recommendations approved by your Board on April 17, 1990, it is requested that your Board:

1. Amend Section 9-32.1 of the GA Ordinance to revise the Immediate Need policy as indicated on Attachment I.
2. Receive the Agency's report on the GA Task Force (Attachment II).
3. Authorize mid-year budget adjustments within existing appropriations as presented in Attachment III to finance salaries, services and supplies for the New Opportunities for Work (NOW) program.
4. Approve the establishment of two additional positions for the NOW program and the reallocation of positions from the GAIN and GA Emmployables program as outlined on Attachment IV.
5. Direct the Social Services Commission to take the lead as the community advisory group to continue monitoring the implementation of the AIK program as part of its ongoing responsibilities.

SUMMARY:

In April 1990 your Board approved five recommendations which are included in the Task Force Report to improve the GA program and directed the Social Services Agency to convene the GA Task Force to review the recommendations and to provide input during implementation of the approved recommendations. The enclosed report presents the recommendations developed by the Task Force Issue Groups and the Social Services Agency's (SSA) response to those recommendations.

DISCUSSION:

Since May 1990 homeless GA applicants who appeared presumptively eligible for GA and who were in immediate need (without housing or food) have been approved for AIK in lieu of cash Immediate Need payments. This program consists of SSA referrals to an established room and board facility or shelter where clients' housing, food, and personal needs are provided while clients' applications for GA are processed. County Counsel advised that that even though it is implicit in the current GA ordinance that AIK is an acceptable alternative to the issuance of cash Immediate Need payments, the Ordinance language should be more explicit. County Counsel has approved the specific language in Attachment I.

On February 20, 1990, at your Board's request, a report on the GA Program was submitted by the SSA. This report included an in-depth analysis of caseload growth and cost increases in the GA program. Based on the report, the Social Services Agency made five major recommendations to provide more appropriate services for GA applicants and recipients. At that time the Social Services Commission was asked to evaluate the Agency's recommendations and to hold public hearings to receive input. Your Board requested that SSA report back with additional information on the recommendations.

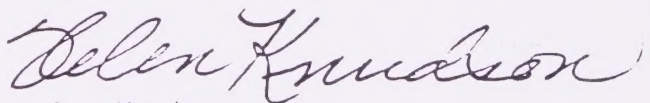
On April 17, 1990, your Board approved all five recommendations and directed the Social Services Agency to convene a GA Task Force to review the recommendations and to provide community input during their implementation. The Task Force was convened, met five times and developed many additional recommendations. A facilitator assisted throughout this process.

The SSA has been in agreement with almost all of the recommendations from the GA Task Force. In fact, there are very few suggestions which the SSA does not support. Most have already been implemented or partially implemented. There are some which the Agency supports in principle but are beyond the resources currently available in the County budget. I am pleased that the diverse group involved with the GA Task Force has been able to agree on so many issues.

FINANCING:

Funding for the GA program is included in the final FY 1990/91 budget approved by your Board. No additional funding is necessary to implement this change.

Very truly yours,



Helen Knudson
Director

HK:ER:MG:er
ATTACHMENTS/ENCLOSURES
(0795q)

GA TASK FORCE SUMMARY OF DELIBERATIONS AND
RECOMMENDATIONS TO SSA DIRECTOR

Contents of Appendix

- A. GA Task Force Membership Roster
- B. Issue Group Reports and Recommendations
 - AIK
 - Employment
 - Alcohol and Drugs
- C. Full Task Force Recommendations
 - Legislation
 - Regionalization

GA TASK FORCE MEMBERSHIP ROSTER

Community Representatives

Brad Adams	Berkeley Community Law Center
Dan Belknap	415 Society
Boona Cheema	Berkeley Oakland Support Services
Gay Plair Cobb	Oakland Private Industry Council
Ron Curtis	The Center
Zenobia Embry-Nimmer	Emergency Services Network
Evelyn Frank	Legal Aid Society
Howie Harp	Oakland Independent Support Center
Mary Hewitt	Tri-City Volunteers
Tom Ledesma	Central Labor Council AFL-CIO
Robert Matthews	Health Care Services Agency
Betty Palmer	East Oakland Community Project/East Oakland Homeless Shelter
Salome Phillips	Human Outreach Agency
Willie Porter	East Oakland Recovery Center
Sandi Olson	Social Services Commission
Simuel Ramey	Alternate, Oakland Independent Support Center
Bob Sakai	County Administrator's Office
Roland Smith	Social Services Commission
Ralph Zackheim	Alternate, Oakland Private Industry Council

SSA Representatives

Kathy Archuleta	Division Director, Employment Programs
Pat Engelhard	Assistant Agency Director, Economic Benefits
Harvey Levy	Program Manager, General Assistance Division

Facilitator

Susan Fossum, Ph.D.	Facilitator
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GA TASK FORCE AID-IN-KIND
SUBCOMMITTEE REPORT

ALAMEDA COUNTY SOCIAL SERVICES AGENCY

M E M O R A N D U M

TO: Helen Knudson
FROM: Pat Engelhard
DATE: September 28, 1990
RE: GA TASK FORCE - AIK SUB-COMMITTEE REPORT

Attached is the final work product developed by the members of the AIK Subcommittee.

You will note that it contains 68 specific recommendations, 36 of which have to do with program issues other than AIK. The committee is unanimous in its support of all the recommendations.

In addition, there is an issue paper suggesting that the program is in need of a major structural overhaul.

PE:jj
Attachment

cc: Brad Adams, Mary Hewitt, Sandi Olsen, Betty Palmer, Salome Phillips, Bob Sakai, Roland Smith, Howie Harp, Simuel Ramsay, Ed Barnes

INTRODUCTION

Welfare & Institutions Code Section 17000 mandates counties to "provide for their indigents." This has long been interpreted to mean providing for basic needs of shelter, food, clothing and transportation. Program underlying assumptions are that the need for Ga is temporary or short term until the client qualifies for other benefits such as SSI or UIB or, if employable, finds a job.

In 1990 these assumptions prove to be faulty for the vast majority of GA clients. Many clients who are classified as 'employable' by the General Assistance program because they are physically able to work are in fact not employable, as they lack the job skills, work experience, motivation, self confidence or knowledge to find work. They stay on GA doing Workfare, in return for their grant. Most 'unemployable' clients, so labeled by a physician, do not easily qualify for disability benefits. Many fall into a class where disability is not severe enough to qualify for SSI/SSP but they are not well enough to work. They stay on GA for years.

The GA program as it is currently designed offers few services to help clients get off the rolls and supports them at a minimal subsistence level over long periods of time. The only important criteria in evaluating the effectiveness of the program have been the number of clients on the system and the total cost.

The Social Services Agency recently surveyed the GA client population and describes the average GA client as having the following common problems: Lack of high school diploma; no job skills; sporadic or no work history; mental health, alcohol and other drug problems; and multiple arrest records. The present program assumptions are incongruent with the typical client profile.

It is time to take an indepth look at the program, the client, and the desired outcomes and take the necessary actions to address the needs of the client of the 1990's. It is widely believed that if we don't, the costs to Alameda County will be far greater than just measured by the specific costs of the GA program. The Health Care system, courts and criminal justice system are impacted, as well as the overall community wellbeing.

The Aid in Kind Subcommittee is making a number of recommendations to guide the Social Services Agency in implementing that program concept. In addition, the committee took this opportunity to make recommendations on a number of other GA issues which are considered problematic by one or more of the committee members. However, the most important message from the recommendations is that the program concept needs to change and policies, regulations, and services also need to change correspondingly. Most GA clients need assistance well beyond those for physical survival. The program must be evaluated not only as to its total monetary cost but also as to how well it is meeting the basic program mandate of helping the client become self sufficient through employment or qualifying for another non-County financial aid program.

Although the AIK program, as well as the GA program, will be improved through the adoption of the attached recommendations, these still are not enough. The program is in need of comprehensive restructuring based on client oriented outcomes.

G.A P O L I C Y

CONTRACTS/SHELTER ARRANGEMENTS

ISSUE: Any site used for Aid-in-kind (AIK) must provide certain minimum services for each client, which are agreed upon in writing, so that all can be clear on what to expect and so that monitoring can be done.

It is recommended that

1. AIK Shelter providers be required to sign written terms and conditions (contract) with the County, guaranteeing participants basic services, such as minimum housing conditions, food service and appeal rights.
2. Contracts with AIK shelter providers should be designed to maximize client independence and self-reliance.
3. Ongoing monitoring must be done to assure that the agreed upon conditions are met.
4. Shelter residents should not be evicted, after business hours, unless they present a security problem for which the police need to be called.

ISSUE: The AIK program should not reduce the number of shelter beds available to homeless persons in Alameda County.

It is recommended that

5. The County not pay for unused AIK shelter beds which would otherwise have been available for other homeless clients.
6. Unused AIK reserved beds are to be made available to non-AIK homeless clients at a prescribed time during each day.

ISSUE: Some AIK clients will exceed the 30 day voucher period before G.A. is granted and still be without any resources. It is therefore recommended that

7. AIK should be authorized for 30 days or until the application for GA is approved or denied, whichever is longer.
8. AIK providers should not evict people just because the AIK benefits have been terminated.

MONITORING/QUALITY ASSURANCE/EVALUATION

ISSUE: Any program must be looked at regularly to make sure that it is serving the purpose for which it was intended or that it meets current needs. This is particularly important for newly implemented programs.

It is therefore recommended that

9. An AIK advisory board be developed whose membership include, but not be limited to, AIK providers, AIK clients, and former clients.

10. The entire AIK program be evaluated at regular intervals (i.e. annually) to determine its usefulness and whether it is meeting its purpose. The AIK advisory board should be included in the evaluation process.

AIK SHELTER FACILITIES

ISSUE: There has been considerable criticism of the Lake Merritt Lodge as an AIK site including complaints about security, cleanliness, client treatment, plumbing and population mix.

Therefore, it is recommended that

11. All AIK clients be assigned to rooms on the same floor.

12. The Lake Merritt Lodge be eliminated as a referral site.

13. The LML be eliminated as a referral site if conditions there are not brought up to a satisfactory level and if it is not possible to provide appropriate services onsite to AIK recipients.

To continue use of LML, the above conditions must be met within 60 days.

ISSUE: There are not enough AIK sites in the County, and clients should have a wide range of choices to meet their individual preferences and needs.

Therefore, it is recommended that

14. Efforts be made to develop more AIK sites for single women.

15. Planning for the proposed multiservice center include accommodations for AIK services.

16. An adequate number and variety of AIK sites should be developed to address the needs of AIK clients, including a shelter which would focus on the needs of the recovering drug and alcohol user, in order to avoid relapse..

AIK SHELTER SERVICES

ISSUE: Many homeless GA clients need more support and help than just shelter and food. Such services have been identified over and over. A successful AIK program should provide as many services as possible in order to make a difference for the client. Such services will enable clients to leave the GA program sooner and thereby save Alameda County money.

It is therefore recommended that

17. The AIK program sites include the following:

- o Day centers: to provide a site for the provision of needed case management services
- o Mental Health Services: to provide necessary counseling and referral services
- o Employment services and training:
to provide job-related counseling, resume, literacy, hygiene, clothing and referral services.
- o Alcohol and other drug services:
- o Housing services: Transitional/Permanent: to assist homeless persons in searching for permanent stable shelter, accessing move-in costs and facilitating extended housing arrangements with hotels and board and room providers.
- o Health exams: emergency medical and dental and health education
- o Money Management: to counsel and assist AIK clients in using the GA grant for basic needs and services.
- o GA Application Assist: provide assistance to AIK clients with GA applications.

18. Efforts must be made to establish a support group of doctors and dentists to provide volunteer medical and dental services.

19. The Social Services Agency and Health Care Agency should provide a mental health outreach worker.

20. A list be developed of the minimum services available for all AIK recipients, as well as the availability of additional services;

21. People experiencing alcohol or other drug problems be given entitlement for residential drug and alcohol placement instead of shelter.

AIK PROCESS

ISSUE: AIK clients have the right to be included in decisions and planning involving them. They need access to information, the right to air any grievances and input into policymaking.

It is therefore recommended that

22. AIK recipients have the same appeal rights as any GA recipient.

23. A specific ordinance and regulations be developed which will govern AIK.

24. Informational material (posters, flyers) be developed, publicizing the AIK program.

25. Efforts be made to ensure that no one thinks the GA application will be denied if AIK is not accepted.

26. Homeless persons should be included in any subcommittee planning sessions.

27. The purpose and benefits of the AIK program need to be carefully explained at the GA homeless group intake meetings.

28. Clients are to be included in establishing grievance procedures, developing AIK policy determination and ongoing processes.

ISSUE: AIK services may not be suitable for some GA clients. Others may want to leave or may be asked to leave once they are there. If no AIK bed spaces are available, other arrangements must be made.

It is therefore recommended that

29. Provisions for alternative placements be made upon request, depending on the availability.

30. A client who prefers to sleep in a car/van may do so in an appropriate place under the auspices of the AIK shelter.

31. Alternatives must be provided for people when no AIK beds are available, such as motel vouchers or immediate need cash.

32. Alternative remedies must be developed for people who are asked to leave an AIK shelter, such as expedited application processing.

II. GENERAL ASSISTANCE OVERALL

There are a number of current regulations, policies, procedures and practices that should be changed in order to improve services to clients.

ISSUE: There are a number of clients who have difficulty in navigating the system. They get denied or discontinued, even though they are otherwise eligible, for "failure to cooperate."

It is therefore recommended that

33. People identified or self-identified as having problems getting through the system be assigned to a case manager who handles Intake and ongoing clients.

34. For ongoing assistance and/or advocacy, the client should be referred to an appropriate CBO.

35. A study be conducted to determine difficulties applicants face getting through the G.A. system.

36. There should be no automatic discontinuances for "failure to cooperate" for dysfunctional recipients.

37. Outreach services be provided for people who cannot read and write.

38. Clients be assisted in filling out their applications.

39. There should be no automatic discontinuances for "failure to cooperate" for dysfunctional recipients.

40. The GA application form be simplified.

41. Notice of Action Discontinuances should not be effective for at least 15 days. Unnecessary re-verification appointments during application processing should be eliminated.

ISSUE: The lack of acceptable identification, particularly prevalent among the homeless, creates numerous problems for GA clients. One specific handicap is the inability to cash warrants at a bank. Many pay a fee to get them cashed.

It is therefore recommended that

42. Lack of ID should not be allowed to be a barrier to receiving aid.

43. Assistance be provided in getting I.D.'s.

44. Legislation be pursued authorizing SSA offices to issue ID of equal authority with DMV identification and to charge an equivalent amount for the service to those with the ability to pay.

45. SSA negotiate for a discount rate for DMV cards for GA clients.

46. Substitute Payee services need to be available for dysfunctional clients.

47. SSA, in conjunction with DMV, develop a pilot program for issuing a California ID card.

48. The Agency should closely monitor the policy that second and third party sources of ID are accepted as identification.

49. A written handout be prepared explaining the Agency ID policy.

50. An information poster be placed in each office Waiting Room regarding the need for ID.

ISSUE: Many Community Based Organizations (CBO's) provide a variety of social services to GA applicants and recipients. They can be more effective if they have strong linkages to the Social Services Agency GA program.

Therefore, it is recommended that

51. Regular contact and collaboration should be encouraged between SSA liaisons and CBO's.

52. Training be provided to GA workers re client treatment by CBO regarding understanding the GA clients.

53. Space be provided in SSA Waiting Rooms for CBO's to provide information and services.

54. Training be provided to GA workers on the CBO community and how to work for the benefit of the client.

55. Formalized arrangements be developed with CBO's who will provide mail service for homeless clients.

ISSUE: The GA program offers minimal benefits for clients, making it difficult for them to subsist.

Therefore, it is recommended that

For immediate action

56. There should be increased Social Services help for getting people on SSI.

57. Adult Protective Services workers not be cut, so they can assist with SSI outreach.

58. The Beginning Date of Aid in GA be changed to the date of application for all applications.

59. Immediate need cash be continued for those non-homeless applicants who are otherwise eligible for immediate need.

60. Special housing assistance, such as listings and security deposits, be provided.

61. Money management services be offered and provided in coordination with CBO's, if requested.

62. AIK be provided for those being sanctioned under the GA program.

63. Quality control of the GA program be increased with emphasis on "customer service."

64. The LML be used for transitional temporary housing.

Long Term Solutions

65. The benefit amount be increased.

66. The benefit amount be increased to a parity with the SSI level.

67. Subsidized housing be developed for single GA recipients.

68. The Social Services Agency should facilitate and develop room and board and/or shared housing for GA recipients.

Recommendations received from group at large at 10/24/90 meeting:

1. Add Advisory Boards, i.e., Appeal Boards, within individual shelters.
2. Change Recommendation #21 because it cannot be done within current Drug and Alcohol service system; be specific.
3. Use introduction of AIK report to cover all Issue Group reports.
4. Recommendation #9: Include advocates, as well as clients.
5. Recommendations #52 and #33: Agency has training to identify dysfunctional GA applicants - train workers, develop criteria, screening device.

GA ISSUE PAPER

The GA program in Alameda County operates under the fundamental assumption that the need for financial assistance will be short term. It is further assumed that the able-bodied, employable person needs only to be connected to the job market while the unemployable will soon be on unemployment insurance, disability insurance or some form of federal assistance.

In reality these program assumptions do not hold up well:

- o A large percentage of clients stay on the program for years.
- o A small percentage of the unemployable will actually qualify for SSI.
- o Most people are discontinued for technical reasons, rather than lack of need.
- o Very few clients are mainstreamed into employment.

If employable persons cannot be mainstreamed into the job market, they must remain on public welfare indefinitely without hope of getting off. This is both expensive to administer and personally defeating for the client.

Perhaps a creative program of subsidized jobs could be developed as an alternative.

The large percentages of unemployables who never qualify for SSI because the "disability is not severe enough" are even worse off, as they have no alternatives to GA. Special efforts could be made to point out their plight with the possibility that state and/or federal guidelines can be changed to include them.

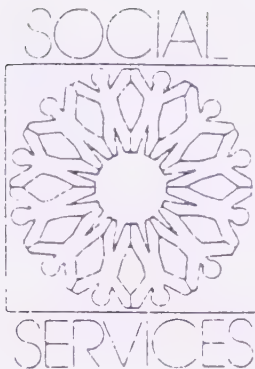
It is opportune to take a realistic view of what is occurring. When focus is placed on developing successful and realistic outcomes for the GA client, new possibilities emerge. Program effectiveness must be defined more broadly than simply size of caseload and simple cost.

GA TASK FORCE EMPLOYMENT SUBCOMMITTEE REPORT

SOCIAL SERVICES AGENCY

County of Alameda

GAIN Program
310 - 45th Street
Oakland, California 94609
(415) 596-0400
TDD (415) 834-9434
FAX (415) 547-1048



Department on Aging
Department of Economic Benefits
Department of Human Services
HELEN KNUDSON • DIRECTOR

M E M O R A N D U M

TO: General Assistance Task Force

FROM: Kathy Archuleta, Division Director, Employment Programs

DATE: October 24, 1990

SUBJ: Employment Committee Report

The Employment Committee met on August 22, 1990. The following members attended: Brad Adams, Evelyn Frank, Tom Ledesma and Ralph Zackheim. Ed Barnes has subsequently replaced Brad Adams.

Attached are the following documents:

1. Committee Consensus Recommendations #1 and #2 as presented at the July 11, 1990 Task Force Meeting. The Task Force approved Recommendation #1 at that time.
2. July 11, 1990 Task Force Suggestions Regarding Recommendation #2.
3. Committee Consensus Recommendations #2 - #7.
4. Committee Issue and Comment - No Consensus.

Attachments

GA TASK FORCE

Employment Committee

Recommendations from July 2, 1990 Meeting

At this time, the Committee wishes to submit two recommendations to the Task Force. Task Force adoption of at least Recommendation #1 is requested on July 11, 1990 so that staff can meet the mid-July deadline for submission of a Food Stamp Employment and Training (FSET) Plan requesting state/federal funds for FSET, including the pilot New Opportunities for Work (NOW) component.

Recommendation #1: Approve the recommended design for NOW shown on the Flow Chart, Attachment A.

- o NOW will be implemented as a pilot funded with FSET and/or FSET/County Match.

- o Non-refugee recipients of both GA and Food Stamps may request NOW services. Refugees will be served through the federally-funded refugee service delivery system. See Attachment B.

- o FSET Unsupervised Job Search (UJS) participants are subject to both federal Food Stamp sanctions and GA sanctions for non-cooperation. FSET NOW participants who fail to cooperate will be subject to the federal Food Stamp sanction and should be excluded from NOW and referred to UJS and/or GAEP, but there should be no GA sanction.

- o Service Delivery Methods:

Assessment and Case Management: Social Services Agency (SSA). Assessment should include services necessary to assure that basic needs are met and that barriers are identified and addressed. This might include finding the recipient appropriate clothing and housing, etc. An employment plan shall be developed.

Job Club: Merritt College (currently cost free)

Direct Referral: Job Development and Placement -

In North County, through a contract to a community-based organization through a competitive bid process.

In South County, through the Placement Bonus Program with qualified services providers.

Transitional Employment: Through a contract to (a) community-based organization(s) through a competitive bid process.

Vocational Training: Through existing resources in the community (PICs, ROPs, Community Colleges, etc.)

Work Experience: At sites developed by the SSA, similar to the GAIN short-term PREP concept.

- o The SSA should work with CBO's to develop training for Agency staff.

Recommendation #2: Approve the recommended Flow Chart (Attachment C) for Homeless AIK/GA Recipients.

- o There should be no work requirements for AIK recipients.

- o There should be no work requirements for homeless GA recipients until an address is reported. These recipients may request services.

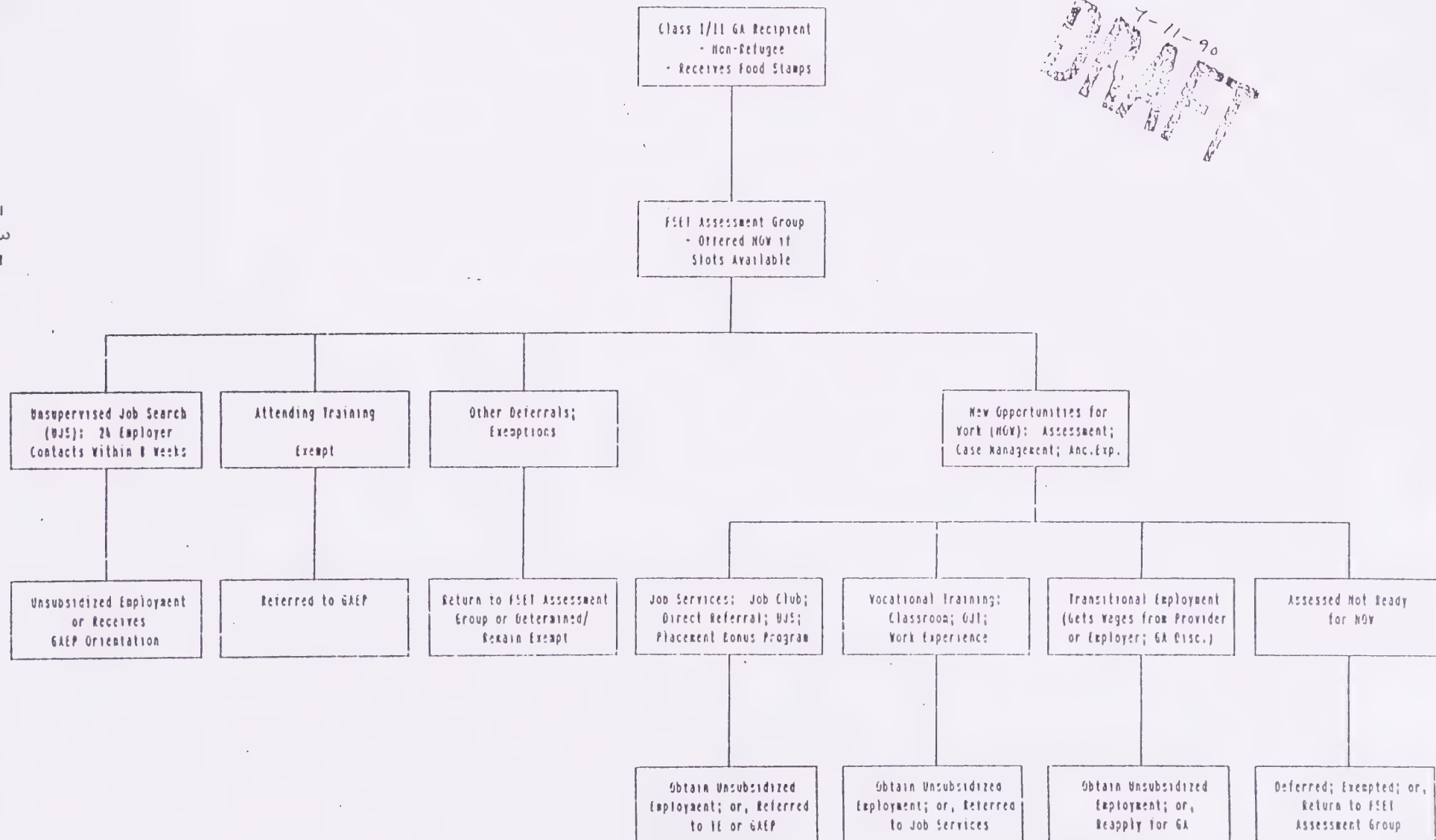
- o The SSA should develop services for the homeless which would be available prior to referral to FSET/GAEP.

- o The SSA should work with CBO's to develop training for SSA staff.

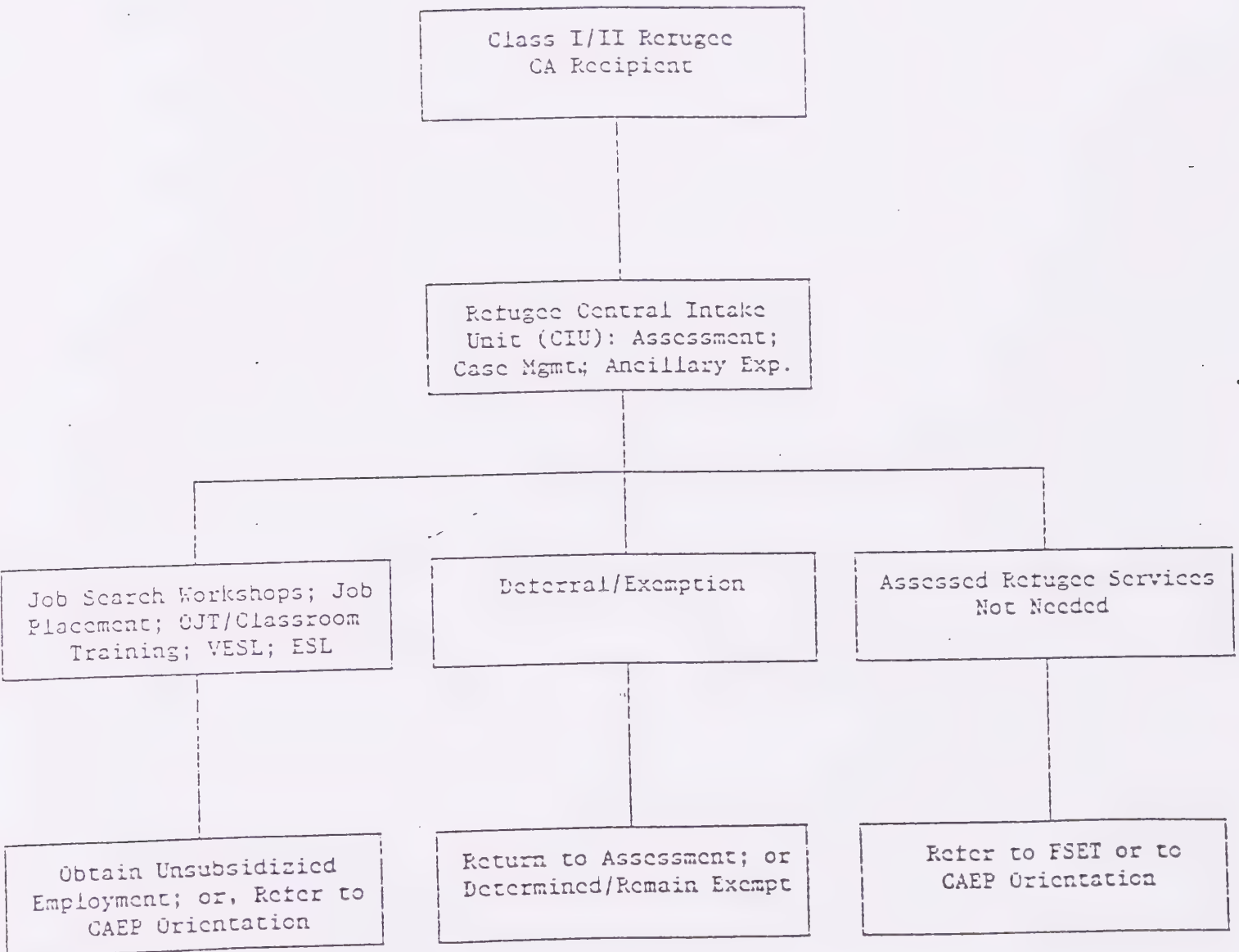
Food Stamps, Employ. & Training
Program - FY 90/91 Flow Chart

A

7-11-90
DRAFT



CAEP for Refugees
FY 90/91 Flow Chart

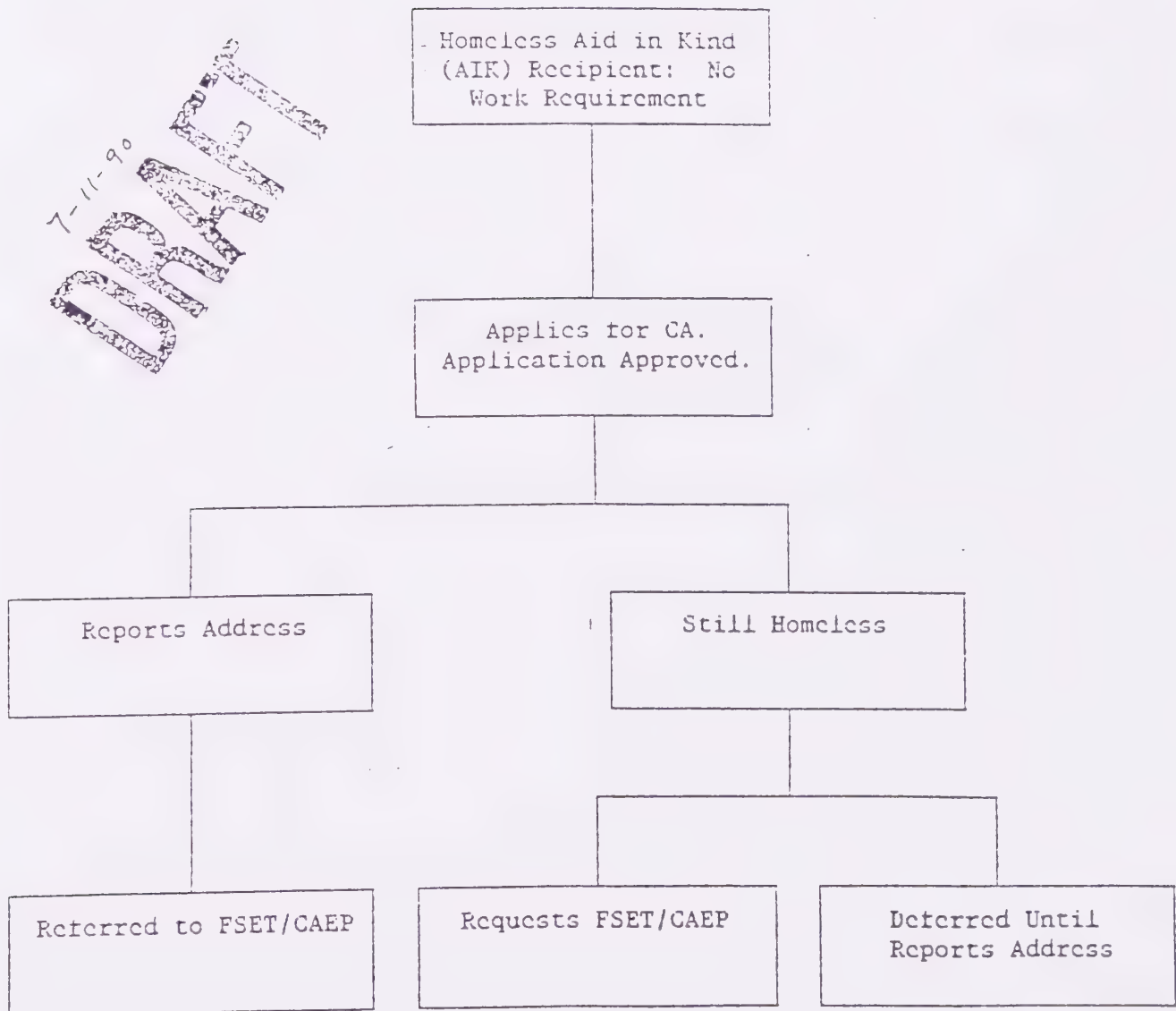


FY 90/91 CIU 100% Federal Funds

7/2/90

C

Recommended FY 90/91 Flow Chart
for Homeless AIK/CA Recipients



General Assistance Task Force
July 11, 1990 Meeting

Recommendations to Employment
Issue Group

1. Clients (GA) should be seen by staff to discuss residence - finding efforts/needs on a periodic basis ("check points").
2. SSA should locate and utilize existing services (and develop) (describe services).
3. Rework Bullet #3: Be specific in listing services.
4. Work requirements for homeless GA recipient employable should be developed which recognize the individual's uniqueness rather than no requirement at all.
5. Rather than "work requirement" use "workfare opportunity" (still mandatory, but with exceptions).
6. Avoid flowery language.
7. Bullet #4: Specify what training.
8. Bullet #1: For clarity, change language to "in the mandatory AIK program."
9. Consider person who is not homeless but becomes homeless.
10. No work requirement is destructive - institute a work requirement because people have a very positive experience once involved.
11. Talk to Dan and 415 about this issue.
12. Add "these applicants may request services" to Bullet #1.
13. SSA staff should provide information re employment to clients - some are not informed about opportunities.
14. Bullet #2: Work requirements should be mandatory.

GASETD(S):1

Recommendations - Committee ConsensusRecommendation #2:

Approve the recommended Flow Chart for Homeless AIK/GA recipients.

a. There should be no work requirements in the mandatory AIK program. Participants in this program may request employment services.

b. There should be no work requirements for homeless GA recipients until an address (other than the AIK address) is reported. This includes recipients who become homeless. These recipients may request employment services.

c. The SSA should locate, use and develop social services for the homeless which would be available prior to referral to employment services. Ideally this would be performed by a Social Worker assigned to Economic Benefits. If there were no funds for this, then this service should be part of the Information & Referral assignment.

d. The SSA should work with community organizations with experience in serving the homeless to develop training for SSA staff including but not limited to the topics of: sensitivity to the homeless; how to identify the needs of the homeless; successful strategies for working with the homeless.

e. Information & Referral for the homeless should be maintained and should include information about general employment opportunities.

As a general response to the variety of issues raised by the Task Force in regard to this recommendation, the Committee stated:

- o Homelessness is a major barrier to employment.

- o There should not be work requirements for an AIK or homeless recipient until the recipient has: a stable living situation, i.e. a permanent address; adequate clothing for job search; basic needs met; and, drug and alcohol services if needed.

- o Employment services should be available to those who request them. Additionally, homeless recipients should be given information about and encouraged to use existing services which address both employment and other basic resource needs or issues and which are available through community organizations.

- o Legal advocates interpret current law as follows: AIK recipients are applicants for ongoing GA and therefore no sanction can be applied to them for their failure to meet a work requirement.

Recommendation #3:

A standard disregard (at AFDC level) and an indefinite 30 and 1/3 disregard should be applied to all earnings. This would be an incentive for anyone working 34 hours or less at minimum wage.

Recommendation #4:

The wage goal for employment should be increased from minimum wage to the Department of Labor goal for homeless programs, currently \$5.50/hour. This would not change the computation of workfare required hours which is based on minimum wage.

Recommendation #5:

A follow-up meeting should be held for the Committee after NOW program changes have been implemented.

Recommendation #6:

Kathy Archuleta should discuss any changes in participation rates/requirements with Brad Adams and Evelyn Frank prior to implementation.

Recommendation #7:

Kathy Archuleta should discuss any proposed changes in the remedy/sanction process with Brad Adams and Evelyn Frank prior to implementation.

Committee Issue and Comment - No Consensus

Issue #1:

Within the context of budget cuts, etc., the value of workfare should be discussed. Perhaps funds should be redirected from a maintenance program like workfare to priority services.

Comment #1:

At the July 11th Task Force Meeting, one member had strong opinions about issues being discussed by the Employment Committee and was encouraged to participate in its meetings. Some Committee members felt it was a disservice to the process when the Task Force member did not participate in the subsequent Committee meetings.

ALCOHOL AND OTHER DRUG PROBLEMS
SUBCOMMITTEE REPORT

ALCOHOL AND OTHER DRUG PROBLEMS SUBCOMMITTEE

The subcommittee on Alcohol and other Drug problems identified the following problems/concerns as impacts the general abuse problem in Alameda County and presents for the Task Force input a series of recommendations:

Problems/Concerns

1. Need method to identify abusers.
2. How are abusers dealt with after identifications and how do we deal with those who slip during/after treatment?
3. There is no cohesion within Alameda County in dealing with substance abuse.
4. There is a lack of familiarity of the alcohol and drug services offered within Alameda County by the County and CBO's.
5. How do we rid our system of abusers who are involved in providing services?
6. Some services are being provided by "non-experts". Those clients are not receiving adequate/complete services.
7. There is no ongoing network/forum for continuous dialogue/communication within the County.
 - a. There is a lack of familiarity with the existing network/forum.
8. Why should the Social Services Agency be involved in the identification of abusers?
9. There are not enough alcohol/drug facilities/services to assist those with abuse problems within Alameda County.
 - a. There are available alcohol/drug facilities/services, they are under utilized.
10. There is a general lack of familiarity with the County's alcohol/drug planning process and service delivery system.

11. How do we develop a system which fosters individual and community recovery?
12. There are many intensely differing schools of thought concerning alcohol/drug problems.
13. How do we communicate that alcohol is the most and problematic drug used in the County?
14. What is the source of the antagonism towards the Social Services Agency?
15. How can Alameda County provide adequate and timely emergency assistance covering food and shelter to those in need, without supporting alcohol and other drug problems or violating people's rights?

In answer to the above problems/concerns the subcommittee recommends the following:

1. The Social Services Agency ^{should} ~~will~~ issue informational packets to all G.A. applicants/clients and insure that an information table is staffed to assist applicants/clients in locating resources available within Alameda County.
 - a. The Social Services Agency ^{should} ~~will~~ use recovering abusers to service the resource table. This ~~would~~ ^{should} be considered a workfare assignment.
 - b. For people to get treatment, they must want treatment.
2. The Social Services Agency ^{should} ~~will~~ not give cash aid to persons who may be experiencing alcohol or other drug problems but will give "aid in kind" or will establish vendor payments.
 - a. Workfare compliance ^{should} ~~will~~ exempt clients from any G.A. restrictions/requirements.
 - b. Use the workfare attendance sheets to determine compliance with workfare requirements. The proper utilization of these reports will identify possible problems which will lead to assessments and appropriate referrals.
 - c. Review, develop and implement an assessment and referral system.
3. Health Care Services Agency will continue to update their existing list of approved alcohol/drug service program.
4. Develop a system which insures the accessibility of alcohol/drug services to all who receive public Social Services.

5. A. The General Assistance ordinance should be changed so that a non-medical assesment person can make assessments and clarify whether an abuse problem exists and a referral for services can be made.

B. There is a need to set standards and define "non-medical assesment person." The ongoing network should accomplish this task.
6. A series of workshops be provided by the Health Care Services Agency to all appropriate Social Services staff to provide up to date information on alcohol/drug problems and community resources.
7. The Social Services Agency will designate a permanent liaison to the Department of Alcohol and Drugs Programs to participate, at a minimum, in the annual Alcohol and Drug planning process and the existing County Advisory Board on Alcohol Problems and County Advisory Commission on Drug Problems.
8. To utilize a new or existing group comprised of Social Services Agency, Health Care Agency, Community Based Organizations and the Community at Large to continue to review G.A. alcohol and other drug issues and make other recommendations.
9. When developing AIK shelters, one should be developed for only the self identified which will include special types of program components to these clients particular needs. The self identified should be rewarded and offered incentives.
10. Only the "Self Identified" should be dealt with as persons who may be experiencing alcohol or other drug problems.
11. Anyone who self identifies shall, in all cases, continue to receive some form of General Assistance (cash - AIK).
12. Anyone who self identifies and enters a program and loses their cash aid will have a sufficient percentage of their cash aid put in a trust fund for future housing and other needs.
13. Before cash aid is replaced by in kind services, these services must actually exist and be accessible.

NOTES FROM TASK FORCE MEETING

1. There is no problem statement on cash aid.
Answer: We have added a problem statement. (see #13)
2. What do we mean by "abusers"?
Answer: See #5 below.
3. What services should a client receive who has alcohol and other drug problems?
Answer: This Committee stresses the need for excessable and increased information and referral prevention and recovery services. The Committee feels that it cannot address this problem further and feels it should be referred to the Alcohol and other Drug Problems Network, which we have recommended. (recommendation #8)
4. Recommendation #5 should read that instead of non-medical Doctor we should say non-medical assessment person (i.e. nurse).
Answer: The General Assistance ordinance should be changed so that a non-medical assesment person can make assessments and clarify whether an abuse problem exists and a referral for services can be made.
5. Change all language from "abuser" to persons who may be experiencing alcohol or other drug problems.
Answer: We have made this change at the Committee's recommendation.
6. Need to define person who has a problem.
Answer: The Committee feels, the Network found in recommendation #8 addresses this need to define.
7. Should a person in #6 above, receive cash or AIK or some combination?
Answer: The Committee is of the opinion that a client who has a "problem" should receive cash or AIK depending on the situation, but this should be addressed by the permanent Committee as found in recommendation #8.
8. Should "abusers" be only self identified? This should be part of the problem statement.
Answer: The Committee was divided on this issue and feels it should be addressed by the permanent network.
9. We need to define assessment system.
Answer: The Committee does not feel it appropriate to discuss this issue, but wishes to have it referred to the permanent Network for further research and discussion.

10. Need to comment/get information on existing self identification program/systems.
Answer: The Committee is referring this matter to the permanent Network found in recommendation #8.
11. Need recommendation to SSA to study self identification system.
Answer: The Committee is referring this item to the permanent Committee found in recommendation #8.
12. Concerning recommendation #2, to exclude "abusers" from certain programs will backfire in terms of self identification.
Answer: It was never the intent of the Committee to exclude persons who may be experiencing alcohol or other drug problems from any program, but to best tailor the type of aid issued to fit the needs of the client. This recommendation needs to be studied by the permanent network found in recommendation #8.
13. When developing AIK shelters, we should have one for only self identified with special types of program components to meet their particular needs. It should be set-up so that the self identified are rewarded.
 - a. need incentives for the self identified.Answer: See recommendation #9
14. Of those recommendations not worked out by the subcommittee give recommendations on who should address the recommendations.
Answer: The Committee refers this function to the permanent network found in recommendation #8
15. Would like recommendations on work regulations for abusers.
Answer: The committee refers this question to the Employment sub-committee.

Recommendation received from group-at-large at 10/24/90 meeting:

1. If a person is self identified within meaning of Recommendation #10, they should be given option regarding form of aid they receive.

FULL TASK FORCE RECOMMENDATIONS
REGARDING LEGISLATION AND REGIONALIZATION

FULL TASK FORCE RECOMMENDATIONS

RE: LEGISLATION

Recommendations:

1. Provide Board of Supervisors with paper (CWDA) regarding expansion of SSI and have Alameda County lobbyists advocate with other groups for expansion of SSI/SSP regarding the functionally unemployed.
2. Use local government/taxes for the above aim.
3. Since local government/taxes are limited, the above should be done at Federal level.
4. Seek Federal tax incentives for taxpayers provision of shelters for the homeless population.
5. Same as above, also with employment.
6. Authorize Helen Knudson to pursue all options for alternative financing of GA.
7. Agency should not pursue finance options that reduce current benefits.
8. County and Board of Supervisors pursue tax incentives for employers providing or sponsoring substance recovery programs for employables.

RE: REGIONALIZATION

Recommendation:

1. OK to pursue exploring except if any plan reduces existing benefits to clients.

SOCIAL SERVICES AGENCY
REPORT ON THE
GENERAL ASSISTANCE TASK FORCE

Helen Knudson, Director
Social Services Agency
February 15, 1991

EXECUTIVE SUMMARY

On April 17, 1990 your Board convened the General Assistance (GA) Task Force to provide input to the Social Services Agency (SSA) during implementation of five Board approved recommendations to improve services provided to Alameda County GA applicants and recipients. Participants on the GA Task Force have done a great deal of work together since your Board approved the recommendations to improve the GA program. This work culminated in a series of recommendations presented to the SSA Director on October 24, 1990. These recommendations were developed by the Task Force as a whole and through three subcommittees: the Aid-in-Kind (AIK) Subcommittee, The Employment Programs Subcommittee, and the Alcohol and Other Drug Issues Subcommittee.

This report has been prepared to inform your Board of the results of the GA Task Force and the SSA's responses to Task Force recommendations. The following sections are included:

- I. AID IN KIND - The Aid-in-Kind (AIK) Subcommittee met to discuss implementation of mandatory Aid-in-Kind in lieu of cash Immediate Need payments. Sixty-eight recommendations regarding the implementation of AIK and the GA program in general were prepared by the AIK subcommittee.
- II. EMPLOYMENT SERVICES - The Employment Subcommittee met to discuss employment services available for GA recipients. Seven recommendations regarding the development of the New Opportunities for Work (NOW) pilot project and the GA employment services in general were prepared by the Employment Subcommittee.
- III. ALCOHOL AND DRUG ISSUES - The Alcohol and Other Drug Problems Subcommittee met to discuss the development of appropriate services for GA clients affected by abuse of alcohol and other drugs. Thirteen recommendations were prepared by the Alcohol and Other Drug Problems Subcommittee.
- IV. STATE TAKEOVER - The GA Task Force met as a whole to discuss County pursuit of legislation for State takeover of the GA program for longterm GA recipients. Eight recommendations were prepared by the GA Task Force.
- V. REGIONALIZATION - The GA Task Force met as a whole to discuss regional approaches to GA which would standardize programs among Bay Area counties. One recommendation was prepared by the GA Task Force.

GENERAL ASSISTANCE TASK FORCE RESULTS

INTRODUCTION

On April 17, 1990 your Board approved, in principle, five recommendations from the Social Services Agency (SSA) for the improvement of the County's General Assistance (GA) program. In addition, a GA Task Force was convened to study the implementation of these recommendations. This Task Force served as an advisory group to the SSA Director with the purpose of reviewing the five recommendations and to provide input during the implementation period.

The GA Task Force met on May 29, June 23, July 11, July 25, and October 24, 1990. A final meeting to review SSA's response was held on February 4, 1991. Participants on the GA Task Force have done a great deal of work together since your Board approved the recommendations to improve the GA program. This work culminated in a series of recommendations presented to the SSA Director on October 24, 1990. These recommendations were developed by the task force as a whole and through three subcommittees: the Aid-in-Kind (AIK) Subcommittee, The Employment Programs Subcommittee, and the Alcohol and Other Drug Issues Subcommittee.

The SSA carefully reviewed the GA Task Force recommendations and agrees with almost all. Most recommendations reemphasize existing SSA policy, have already been implemented, or are in the process of being implemented. Some recommendations are supported by the SSA in principle but will not be pursued because of the resources required. There are very few which the SSA does not support.

It was heartening to learn after all the testimony to your Board that the SSA and the community at large are not so far apart with regard to implementation of mandatory AIK, the New Opportunities for Work (NOW) employment program, alcohol and drug issues, legislative issues, and regionalization issues.

This report has been prepared to inform your Board of the results of the GA Task Force and the SSA's responses to recommendations. Due to the number of recommendations presented by the GA Task Force they have been summarized and grouped by issues. The five Board approved recommendations are listed below, followed by summaries of the GA Task Force recommendations and SSA responses. A summary of the Task Force deliberations, a complete list of their recommendations and the roster of Task Force participants is included in the Appendix of this report.

A SUMMARY OF THE RECOMMENDATIONS AND RESPONSES

I. AID-IN-KIND

A. BOARD APPROVED RECOMMENDATION

The GA Program include a mandatory Aid-in-Kind alternative to be provided for homeless applicants, in lieu of immediate need cash; this would include, but not be limited to, expanded voucher programs and multi-service hotel programs.

The Aid-in-Kind (AIK) Subcommittee met to discuss this issue. Sixty-eight recommendations regarding the implementation of AIK and the GA program in general were prepared by the AIK subcommittee. These recommendations are briefly summarized and followed by the SSA response.

B. TASK FORCE RECOMMENDATIONS

1. CONTRACTING FOR AIK SERVICES: Recommendations 1, 2, 3, 4, 5, 6, 8, 11, 12, 13, 64.

These recommendations concern the need to define the services received by AIK clients, the minimum condition of AIK facilities, and the need to ensure that the AIK program not unnecessarily limit shelter beds for other homeless people seeking shelter. The AIK Subcommittee recommends contracting with AIK providers in order to address these concerns. They also have some specific comments regarding the Lake Merritt Lodge.

o SSA RESPONSE

The SSA believes that AIK services for homeless GA applicants should be arranged through a Memorandum of Understanding (MOU) with AIK providers. Contracts and MOU's specifying levels of service provided to clients are important tools for maintaining accountability. Currently, the SSA contracts with the Human Outreach Agency for AIK services to South County clients. The contract between the Human Outreach Agency and the SSA sets the level of service clients will receive. An MOU between the Lake Merritt Lodge and the SSA will be prepared.

The recommendations regarding the need to set basic service levels such as minimum housing conditions, food service and appeal rights are supported. Eviction policy and guidelines will be discussed during negotiations with providers. MOU's and contracts between the SSA and providers will specify minimum housing conditions, food service, appeal rights, and guidelines for eviction.

Concerns that homeless people have safe places off the streets to spend the night are understood and shared. Provisions for making unused AIK bed space available for other homeless people will also be pursued during negotiations. The SSA recognizes the severity of the housing shortage and pursues efforts to increase the availability of shelter space.

The SSA has been working with the management of the Lake Merritt Lodge to improve conditions. One social worker from the SSA is out-stationed there five days a week. Several community providers have also been solicited to assist the Lake Merritt Lodge in their efforts. Eliminating the Lake Merritt Lodge as an AIK site is unwarranted at the present time. The Lake Merritt Lodge is currently being used for emergency, transitional and long-term housing.

2. AIK RULES AND PROCEDURES: Recommendations 7, 22, 23, 29, 30, 31, 32.

These recommendations concern a variety of rules and procedures for AIK which need to be formally developed. The need for an ordinance and regulations governing AIK is identified. Rules concerning appeal rights, length of AIK authorization, and placement alternatives are also suggested.

o SSA RESPONSE

The SSA concurs with the need to adopt an ordinance governing the AIK program. An amendment to the GA ordinance that includes provisions for the AIK program has been prepared. This amendment has been forwarded to your Board for adoption.

Current regulations regarding application processing should ensure that in most cases eligibility is determined before AIK authorization expires. The SSA makes provisions for situations where eligibility determinations are pending beyond 30 days or clients are asked to leave an AIK shelter. AIK benefits are extended or the issuance of cash assistance is expedited.

It should be noted that AIK recipients have the same rights to appeal as all GA clients.

The Agency is in agreement that provisions should be made to accommodate homeless GA applicants when there are no AIK beds available. The SSA is committed to providing hotel vouchers from FEMA for homeless people not eligible for AIK benefits. This, however, will be a funding issue next fiscal year when FEMA funds are no longer available.

3. AIK ADVISORY BOARD AND CLIENT INPUT: Recommendations 9, 10, 26, 28, 51.

These recommendations are for the development of an AIK Advisory Board. It is recommended that the AIK Advisory Board be included in yearly evaluations of the program. It is stressed that homeless people be included in planning sessions and in the establishment of grievance procedures.

Further contact and collaboration between the SSA and community based organizations on issues related to the whole GA program are also encouraged.

o SSA RESPONSE

The SSA does not concur with the recommendation to develop an AIK Advisory Board. The role of an AIK Advisory Board is met by the Social Services Commission which is charged with oversight responsibility of the SSA.

The SSA welcomes input from the community, particularly users of the AIK service and providers. Communications will be maintained with AIK clients, providers and the community at large.

Currently the SSA has representation on the Emergency Services Network and co-sponsors yearly meetings between the Emergency Services Network and SSA staff. The expertise of the community is used to help guide program planning.

The SSA supports the efforts of AIK providers to create grievance procedures within their facilities. This will be dealt with as MOU's are developed.

4. AIK FOR CLIENTS WITH SPECIAL NEEDS AND SUPPORT SERVICES:
Recommendations 14, 15, 16, 17, 18, 19, 20, 21.

Due to the diverse character of homeless clients and the multiple problems they encounter, the AIK subcommittee recommends developing a variety of sites to meet the needs of as many homeless GA applicants as possible. Support services, beyond food and shelter, are recommended to assist clients in maximizing their independence and developing self-reliance. The multi-service center model is strongly recommended.

o SSA RESPONSE

Efforts are already being made to expand AIK services to other existing shelter programs and to develop new shelters which can provide AIK services. These efforts will continue, including consideration of the new multi-service center as a potential AIK site.

The SSA recognizes that most homeless clients need a variety of services before they can become self-sufficient and stabilize their lives. Support and advocacy for as many services as can be provided within available financial resources will be pursued.

The SSA is in agreement that it is desirable to provide people experiencing alcohol or other drug problems with substance abuse treatment. Referrals are made to drug and alcohol treatment programs when appropriate.

5. AIK PUBLICITY: Recommendations 24, 25, 27.

The AIK subcommittee recommends the AIK Program be publicized. The use of flyers and other promotional material is suggested. There are also recommendations to ensure that the rules, purpose and benefit of AIK be made clear throughout the application process.

o SSA RESPONSE

The SSA has already printed flyers promoting the AIK program which is now given to all homeless applicants for GA.

It is agreed that all potential AIK clients must be made fully aware of the rules, purpose, and benefit of the AIK program. Measures have already been taken to accomplish this. Clients are informed of AIK, its rules and benefits during the screening interview, the group meeting, and by Eligibility Technicians.

6. GA PROGRAM ENHANCEMENTS

The AIK subcommittee made an additional 36 recommendations which do not address the five recommendations approved by your Board on April 17, 1990. These recommendations for GA program enhancements address a variety of issues.

There were suggestions that the SSA simplify the GA application process and that "there should be no automatic discontinuances for failure to cooperate for dysfunctional recipients." It was noted that Notice of Action Discontinuances should not be effective for at least 15 days (extended from 10 days).

Increasing the monthly grant amounts for GA recipients and moving the effective date of aid forward to the initial date of application were recommended. It was also recommended that the Immediate Need Cash program be maintained for non-homeless clients.

Clients' problems with identification documents were discussed and creative methods to address these problems were proposed.

A need for more case management services for GA clients was raised. Special outreach services should be made to people who cannot read and write. Increased usage of services from community based organizations is also recommended. Services such as mail services, case management, money management, and advocacy could be arranged through community based organizations.

Efforts to address housing problems among GA recipients were proposed. It is recommended that the SSA provide security deposits for clients, develop subsidized housing, and facilitate room and board or shared housing arrangements.

It was recommended that GA staff be provided training by community based organizations in understanding the perspective of GA clients and recognizing their life needs. Increased quality control efforts with an emphasis on "customer satisfaction" are also suggested.

o SSA RESPONSE

The SSA will distribute these recommendations to members of the Social Services Commission to read and review over the next 12 months. Agency staff has reviewed them and considered them along with the other recommendations, however, since they are beyond the scope of the five recommendations approved by your Board, they are not given detailed responses in this report. The SSA values the thoughtfulness and creativity of these recommendations.

With regard to training for GA staff, the SSA is working with the Berkeley Community Law Center to develop training for sensitivity to the issues that homeless people experience. If these efforts are successful, the SSA will continue to seek out community based organizations for joint staff training projects.

II. EMPLOYMENT SERVICES

A. BOARD APPROVED RECOMMENDATION

The Social Services Agency design and implement a pilot "New Opportunities for Work" (NOW) component to be administered by the Employment Program Division which includes appraisal, vocational training, job services, support services, community service opportunities and case management services.

The Employment Subcommittee met to discuss this issue. Seven recommendations regarding the development of the NOW pilot project and the GA employment services in general were prepared by the Employment Subcommittee. These recommendations are briefly summarized and followed by the SSA response.

B. TASK FORCE RECOMMENDATIONS

1. NOW DESIGN: Recommendations 1, 5, 6, 7.

The Employment Subcommittee recommended a design for NOW. The recommended design addresses a range of issues related to implementation of the pilot project, including service methods, funding, participation and sanctions.

It was also recommended that a follow-up meeting be held after NOW has been fully implemented; and, that changes to the program be discussed with legal advocates and other interested community groups prior to implementation.

o SSA RESPONSE

The SSA supports the NOW recommendation and has already implemented most of the design components. Currently only the Direct Referral component and the Transitional Employment component have not yet been implemented. These two service delivery methods will be funded with Federal Food Stamp Employment and Training Funds and are pending State approval. The SSA will hold a follow-up meeting for interested committee and community members after NOW has been implemented.

It is the policy of the SSA to include legal advocates and other interested community groups on the distribution of program and procedure updates. In the future these groups will be contacted prior to implementing program changes.

2. EMPLOYMENT PROGRAM FOR HOMELESS AIK/GA RECIPIENTS: Recommendation 2.

- o The Employment Subcommittee recommended that the work requirement be waived for Homeless clients in both the AIK and the GA programs. It was suggested that participation for homeless clients be optional.

This recommendation included provisions for the development of case management and information and referral services to assist clients in stabilizing their lives. It also included a suggestion that the SSA work with community based organizations to develop staff training around issues related to homelessness.

o SSA RESPONSE

The SSA supports the concept of work opportunities for all of our clients. Currently the work requirement for GA applicants participating in the mandatory AIK program is 40 hours per month - half the regular GA work requirement. The Agency supports elimination of this work requirement. Since our resources are limited, we prioritize our employment services. Because of enhanced services available to those in receipt of AIK, the Agency will exempt AIK participants from the work requirement effective February 1, 1991. Information about opportunities for work will be made available to them.

However, the SSA does not support eliminating the work requirement for all homeless GA clients. It is the policy of the SSA to require all GA clients to participate in the GA Employment Program unless they are medically exempted. This program provides valuable encouragement for clients to become self reliant.

The parts of the recommendation regarding case management services are supported and have already been partially implemented. There is a Social Worker staffed part-time at the Lake Merritt Lodge who provides information and referral services to homeless clients. The contract with the Human Outreach Agency includes support services which attempt to match clients' needs with available resources.

The SSA is working with the Berkeley Community Law Center to develop training for sensitivity to the issues that homeless people experience.

3. WORK INCENTIVE BUDGET COMPUTATIONS: Recommendation 3.

The Employment Subcommittee recommends that the standard Aid to Families with Dependent Children (AFDC) disregard and the 30 and 1/3 disregard be applied to the GA program.

o SSA RESPONSE

The SSA supports the concept of work incentives. However due to fiscal constraints, the Agency will develop a specific design including a detailed cost analysis.

4. WAGE GOAL FOR EMPLOYMENT PROGRAMS: Recommendation 4.

The Employment Subcommittee recommends increasing the wage goal from minimum wage to \$5.50/hour.

o SSA RESPONSE

The SSA supports this recommendation. The \$5.50 per hour employment goal is the standard in Federal employment programs for homeless people. Setting reasonable wage aspirations for GA clients will help clients develop better self-esteem and will encourage self reliance. However, when appropriate, GA clients will still be expected to accept referrals to jobs paying the minimum wage.

III. ALCOHOL AND DRUG ISSUES

A. BOARD APPROVED RECOMMENDATION

The Social Services Agency jointly develop appropriate services for clients affected by substance abuse with the Drug and Alcohol Department of the Health Care Services Agency.

The Alcohol and Other Drug Problems Subcommittee met to discuss this issue. Thirteen recommendations regarding abuse of alcohol and other drugs among GA clients were prepared by the Alcohol and Other Drug Problems Subcommittee. These recommendations are briefly summarized and followed by the SSA response. It should be noted that these were not consensus recommendations.

B. TASK FORCE RECOMMENDATIONS

1. ALCOHOL/DRUG TREATMENT INFORMATION AND PUBLICITY: Recommendations 1, 3, 6.

The Alcohol and Other Drug Problems Subcommittee points out that "for people to benefit from treatment, they must want it." It is recommended that informational packets be prepared and distributed to GA clients. An information table specifically for providing alcohol/drug services should be set up.

It is also recommended that the Health Care Services Agency (HCSA) provide SSA Staff with workshops to provide up-to-date information on alcohol/drug problems and available community resources. The listing of approved alcohol/drug service programs should be updated continually.

o SSA RESPONSE

The SSA believes that it is important to help clients become aware of the dangers of abusing alcohol and other drugs and to help link them up with resources. The SSA will refer clients who abuse alcohol and drugs for treatment and encourage them to follow through. Per the existing ordinance, medically documented alcohol or drug abusers must participate in treatment in order to continue to receive GA. However, the SSA agrees that "for people to benefit from treatment, they must want it."

The SSA is willing to distribute informational packets and to provide space for an information table.

The HCSA maintains an updated list of approved alcohol/drug programs which is available for distribution to interested parties.

Workshops provided by the Department of Alcohol and Drug Programs are helpful and welcome. Staff from the SSA have been participating in such workshops and will continue to do so.

2. AID IN KIND FOR SUBSTANCE ABUSERS: Recommendations 2, 9, 13.

It is recommended that the SSA not provide cash assistance to people experiencing alcohol and other drug problems. Instead, clients abusing alcohol and other drugs should be provided with "aid-in-kind" or direct vendor payments. Workfare attendance sheets are discussed as a source of referrals for drug/alcohol assessment.

It is recommended that shelters used in the mandatory AIK program include drug/alcohol services.

o SSA RESPONSE

The SSA supports the availability of an aid-in-kind alternative. For example, currently the full grant for clients in residential alcohol/drug treatment is paid to the alcohol/drug treatment center. Also, GA clients with money management problems may request vendor payments.

Workfare attendance sheets are for the sole purpose of monitoring workfare compliance.

3. ACCESS TO ALCOHOL AND DRUG TREATMENT SERVICES: Recommendation 4.

It is recommended that a system be developed to ensure accessibility of alcohol/drug services to recipients of public Social Services.

o SSA RESPONSE

The HCSA reports that public assistance recipients are a priority for Alcohol/Drug services. Currently, demand for residential treatment beds is greater than their availability.

The SSA supports the efforts of the Department of Alcohol and Drug Programs in their efforts to develop more alcohol and drug services. It should be noted that such services are included in the RFP for the new multi-service center.

4. ALCOHOL/DRUG ASSESSMENT: Recommendation 5.

It is recommended that the GA ordinance be changed to allow a non-medical assessment for alcohol/drug problems.

o SSA RESPONSE

The SSA supports allowing non-medical experts to assess GA clients for alcohol/drug problems. The SSA will work with the Department of Alcohol and Drug Programs and County Counsel to develop standards defining a "non-medical assessment person."

5. COORDINATION OF SERVICES: Recommendations 7, 8.

It is recommended that a permanent SSA liaison be designated to the Department of Alcohol and Drug Programs. It is also recommended that the liaison participate on County-wide Commissions addressing alcohol and drug issues.

Continuing review should be given to alcohol and drug problems as they relate to the GA program. A new or existing group comprised of the SSA, the HCSA, community organizations, and the public should conduct this review.

o SSA RESPONSE

The SSA supports these recommendations and recognizes the expertise of the Department of Alcohol and Drug Programs. The SSA welcomes the opportunity to work with the Department of Alcohol and Drug Programs and sit on County Commissions addressing alcohol and drug issues.

Emergency Services Network meetings, which the SSA will continue to attend, provides an appropriate forum for on-going discussion of alcohol and other drug issues.

6. SELF IDENTIFIED ALCOHOL/DRUG USERS: Recommendations 10, 11, 12.

The Subcommittee recommends that only self-identified users be treated as people with alcohol or other drug problems. Self-identified users should not be refused aid or have any aid withheld.

o SSA RESPONSE

The SSA agrees with the importance of self-identification. However clients with obvious problems will continue to be referred to the Department of Alcohol and Drug Programs or for money management services within the GA program.

It should be noted that clients are not refused any portion of their aid because of alcohol or other drug problems. Aid is denied, discontinued or reduced only if clients do not cooperate with the program regulations or are not eligible for the full grant amount. Clients in both in-patient and out-patient alcohol/drug treatment receive their full grant.

IV. STATE TAKEOVER

A. BOARD APPROVED RECOMMENDATION

The County pursue legislation for State takeover of the GA program for long-term recipients of GA.

The GA Task Force met as a whole to discuss this issue. Eight recommendations related to legislation were prepared by the GA Task Force. These recommendations are briefly summarized and followed by the SSA response.

B. TASK FORCE RECOMMENDATIONS

1. LEGISLATION: Recommendation 1, 2, 3, 4, 5, 6, 7, 8.

It is recommended that the SSA provide your Board with the County Welfare Directors Association (CWDA) issue paper regarding the expansion of SSI/SSP. Alameda County advocates should work with other groups for such an expansion. Local, State, or Federal taxes could be used to accomplish this expansion.

It is also recommended that Alameda County lobbyists advocate for Federal tax incentives for taxpayer provision of employment or emergency shelter for the homeless. Local tax incentives should be adopted by your Board for employers providing or sponsoring substance abuse recovery programs for employees.

Options for alternative financing of GA should be pursued.
Options which would reduce benefit amounts should not be pursued.

● SSA RESPONSE

The SSA supports efforts to pass legislation that would transfer the responsibility for providing these mandated services for functionally unemployed people to the State. A copy of the CWDA issue paper is included in the Appendix C of this report under Legislation.

The Agency has submitted this issue for inclusion in the County's legislative program for 1991-92. All options for funding services to support the GA population will be pursued.

The proposals seeking alterations to tax structures or redirection of Local and Federal revenues to support the needs of the GA population are policy issues beyond the scope of the SSA. The SSA can and does support efforts to broaden the base of support for the mandated GA program.

V. REGIONALIZATION

A. BOARD APPROVED RECOMMENDATION

The County explore a regional approach to GA that would standardize programs among Bay Area counties.

The GA Task Force met as a whole to discuss this issue. One recommendation related to regionalization was prepared by the GA Task Force.

B. TASK FORCE RECOMMENDATIONS

1. REGIONALIZATION: Recommendation 1.

Regionalization is reasonable to pursue exploring except if any reduction to existing benefits would result.

o SSA RESPONSE

It is appropriate to continue to explore regionalization. It is possible that regionalization could result in program enhancements or additional services and resources. The Social Services Agency agrees that it would be inappropriate to pursue regionalization if any reduction in benefits would result.

The SSA is a member of both the Bay Area Consortium and the CWDA. The Bay Area Consortium has been exploring homelessness on a regional basis and CWDA has been developing legislative proposals (see Appendix). The Agency will continue to actively participate in these efforts.

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ISSUE PAPER

FEDERAL RESPONSIBILITY FOR THE FUNCTIONALLY UNEMPLOYABLE

The deinstitutionalization of the mentally ill, the deterioration and breakup of the family, declining availability of health services, and the epidemic of substance abuse and AIDS have combined to produce a new class of people in our society, a class which is not fully dysfunctional and thus not fully disabled, but a class which is nonetheless incapable of securing and maintaining self-sufficient employment.

For the purposes of this paper, this class shall be called the functionally unemployable, and the discussion shall center on single persons or couples without children, for it is those people for whom no viable federal commitment exists.

The presence of such people in our society is increasingly visible. They account for many of the homeless or street people seen in our cities; they appear in increasingly burdensome numbers as permanent recipients of welfare and social services designed to provide not permanent, but temporary help; they are putting great strain on this nation's system of charitable and nonprofit human services agencies.

This population is disabled to the extent of being unemployable, but not disabled to the degree required by the federal SSI/SSP eligibility criteria. The reality is that they are disabled enough to be recognized as incapable of maintaining themselves through self-sufficient employment, but not disabled enough to qualify for federal disability assistance.

This increasing population is literally falling through the cracks in the federal system. Couples with children who fit this description can access financial and other services through the federal AFDC program, and the easily identifiable disabled persons can obtain services through the federal SSI/SSP programs. But these single and childless couples fit somewhere in between these other two groups, and that "in-between" is the crack in the federal system.

This population, unemployable single and childless couples, is disenfranchised by the federal government. Where states, counties, cities, and/or charitable organizations can generate the resources, they may be served and cared for. But that approach is a nonsystem and begs the issue of why there is not a federal commitment to this population, especially in view of its increasing numbers and visibility in our community.

Proposal

Congress should, through legislation, establish criteria for this population, the functionally unemployable, to qualify for assistance under the SSI/SSP program like other disabled persons.

The legislation should provide for periodic evaluation of the client, including assessment of opportunity for rehabilitation services and/or appropriate job training that would lead to economic self sufficiency. But barring the achievement of such self sufficiency, national policy should be to care for this population under the SSI/SSP program.

Such a policy will begin to fulfill the promises made with the national policy of deinstitutionalization and will address a portion of the increasing population of homeless huddled in public places in our communities.

As a civilized nation, we should provide minimum subsistence resources for all persons unable to obtain those resources for themselves, and the functionally unemployable are such a population.

APPROPRIATION ADJUSTMENTS

The following budget adjustments are necessary to finance positions and services and supplies for the administration of the NOW program.

Cancel Appropriations in:

Dept. 356 - GAIN

Salaries Account 1011	(175,078)	
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Dept. 380 - General Assistance

Contracts Account 3420	(78,526)	
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(253,604)	Total
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Increase Appropriations in:

Dept. 351 - Human Services

Salaries Account 1011	17,322	
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Dept. 352 - Management Services

Salaries Account 1011	42,084	
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Emp. & Social Services 4051	78,526	
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Dept. 355 - Employment Programs

Salaries Account 1011	115,672	
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\$253,604	Total
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-0-	Net
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PROGRAM STAFFING-POSITION AND PAY UNIT ADJUSTMENTS

The following positions are being deleted, transferred between budget units or created pursuant to Section 5-1 of the Salary Ordinance to allocate staff to the NOW program. Reallocation of pay units from the GAIN and GA Employables programs will permit these actions with no additional appropriation. Because salaries vary, the pay units do not balance in the exchange.

POSITION AND PAY UNIT TRANSFERS

<u>Dept.</u>	<u>Classification</u>	<u>Positions</u>	<u>Pay Units</u>
351	Social Worker III		6
352	Program Specialist	1	12
355	ET III	(3)	(36)
355	GAIN Employment Counselor	2	24
355	Vocational Services Spec II (P)		14
355	Clerk II	1	6
356	GAIN Employment Counselor	(2)	(24)
356	GAIN Case Coordinator		(17)
356	Program Specialist	(1)	(12)
356	Clerk II	(1)	(13)
TOTAL POSITION AND PAY UNIT TRANSFERS AND DELETIONS		(3)	(40)

NEW POSITIONS TO BE CREATED

<u>Dept.</u>	<u>Classification</u>	<u>Positions</u>	<u>Pay Units</u>
355	Vocational Services Spec II	2	24
355	Specialist Clerk	1	6
TOTAL NEW POSITIONS		3	30
SUMMARY OF POSITION CHANGE		-0-	(10)

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